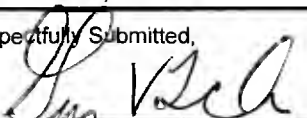


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Weers et al.	Group No: 1616
Application No: 10/616,448	Examiner: Arnold, Ernst V
Confirmation No. 1036	Attorney Docket No: 53281-US-CNT[2] (NK.103.11)
Filed: July 8, 2003	June 17, 2009
Title: PHOSPHOLIPID-BASED POWDERS FOR INHALATION	San Francisco, CA 94107

Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time <input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136		
Via EFS <input type="checkbox"/> Response to Final Office Action <input type="checkbox"/> Comments on Statement of Reasons for Allowance <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	<input type="checkbox"/> One Month	\$130.00	\$65.00
	<input checked="" type="checkbox"/> Two Months	\$490.00	\$245.00
	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00
Total \$ <u>490.00</u>			<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	23	23	0	\$52.00	\$26.00	\$0.00
Independent Claims	3	3	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims			0	\$390.00	\$195.00	\$0.00
Total						\$0.00

Fee Payment		Fee Deficiency	
Extension Fee	\$490.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>10-0258</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>10-0258</u> .	
Appeal Brief	\$540.00		
Total	\$1030.00		
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>10-0258</u> in the sum of \$1030.00 .		Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: Guy V. Tucker Janah & Associates, PC 650 Delancey Street, Suite 106 San Francisco, CA 94107	
<u>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</u> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically filed via EFS on the date shown below: By: <u>Melanie Hitchcock</u> Date: <u>June 17, 2009</u> Melanie Hitchcock		Respectfully Submitted,  By: <u>Guy V. Tucker</u> Date: <u>June 17, 2009</u> Registration No. 45,302	